

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Training for Health Officers

Recognizing the increasing need for professionally trained health workers in the western states, the University of California organized in August, 1936, four complete courses of study for the training, respectively, of health officers, sanitary engineers, public health laboratory technicians, and vital statisticians. The establishment by the university of this training program was made possible by a grant from the California State Department of Public Health which had derived funds for this purpose from the United States Public Health Service under the provisions of the Social Security Act. These courses of study have been grouped together as the Curricula in Public Health, under the directorship of Dr. K. F. Meyer and are administered as a part of the Graduate School. The Certificate in Public Health is awarded to those who satisfactorily complete two semesters in university residence and three months of field work. In the first semester of its existence the curricula have had a roster of 23 students, 19 of whom have been physicians enrolled in the Curriculum for Health Officers.

SPECIAL COURSE FOR HEALTH OFFICERS

In connection with the Curricula in Public Health, the University of California offers for incumbent medical health officers, dentists, and veterinarians engaged in public health work an intensive six weeks course designed to serve as a review of basic principles with

special emphasis on the newer developments in the field. The favorable response on the part of public health officials to the "short course" for sanitarians and sanitary inspectors given at the university during the summer of 1936, prior to the establishment of the Curricula in Public Health, has prompted the organization of a course similar in scope for medical officers who are unable to spend a full year in university study.

Period of Instruction: The six weeks' period of instruction will begin on Monday, February 8, 1937, and end Saturday, March 20, 1937.

Plan of Instruction: Lectures, laboratory work, seminars and field trips in public health administration, sanitation, communicable diseases, public health laboratory, epidemiology, vital statistics, maternal and child hygiene, and industrial hygiene will be carried on in Berkeley under the direction of the members of the university faculty and other specially appointed instructors. The excellent facilities of the Bay area for the practical demonstration of various aspects of public health work, including water and sewage plants, dairy and meat inspection, industrial hazard control, laboratory, clinic, and hospital management, etc., will be utilized to the fullest extent. Conferences and discussions on special problems which confront the individual student will form an important feature of the course.

The tentative schedule follows:

First Week—Public Health Administration, Vital Statistics, Communicable Diseases.

Second Week—Public Health Administration, Vital Statistics, Epidemiology, Communicable Diseases.

Third Week—Public Health Administration, Epidemiology, Communicable Diseases, Public Health Law.

Fourth Week—Medical Zoölogy, Sanitation, Child Hygiene, Communicable Diseases.

Fifth Week—Public Health Administration, Public Health Education, Sanitation, Communicable Diseases.

Sixth Week—Nutrition, Sanitation, Industrial Hygiene, Communicable Diseases, Dental Hygiene.

Entrance Requirements: Graduates of recognized medical, dental and veterinary schools, who occupy positions in the Public Health field are eligible for admission to the course.

Fees: The fee for the six weeks of instruction is \$50.

Application for Admission: Applications for admission should be made not later than January 15, 1937, and should be addressed to Dr. K. F. Meyer, Director, Curricula in Public Health, 3525 Life Sciences Building, Berkeley, California. Additional information concerning the course may be obtained from the same source.

WHOOPING COUGH TAKES LIVES OF BABIES

A radio talk given over Station KGGC, San Francisco

Few parents seem to realize that whooping cough is one of the most serious diseases that babies are liable to contract. The disease is often very damaging to older children and the baby under one year of age seldom recovers from an attack. If he does recover, the after-effects may be disastrous, paving the way for chronic afflictions that may persist through life. Every child under five years of age should be protected against whooping cough. To expose a young child to this disease in order "that he may catch it and have it over" is almost murderous.

Whooping cough causes more deaths than scarlet fever, measles, typhoid fever or infantile paralysis and as a destroyer of babies' lives it stands foremost among the communicable diseases, outranking tuberculosis. The young mother has a heavy responsibility in safeguarding her infant against this cruel destroyer. Never, under any circumstances, should a baby or a young child be exposed to whooping cough. Children in arms should not be taken to public places where they may come in contact with children who may be coming down with the disease. The early stage, before the whoop begins, is the most infectious stage and a child will more easily contract it from another child at the beginning of his illness before he shows acute symptoms of the disease. For this reason whooping cough is difficult to control. Its spread depends more upon the action of the mother than upon that of the health officer. That official may offer advice, but he is unable to exercise the control that only the parent can provide. It should be repeated again that babies should not be taken to

public places where they may come into contact with other children. The best place for a baby is in the home.

In older children whooping cough may be most damaging. The physical strain in the continual coughing is weakening and lowers bodily resistance to other infections. Pneumonia is often a complication and certain forms of tuberculosis, rapid in their development, are frequently encountered in a child who has had whooping cough. In this disease, even more than in most acute infectious diseases, good nursing and proper care determine the final result. Sunshine, fresh air and supervised play are essential in the care of whooping cough patients.

There is a single ray of hope in the prevention of whooping cough. If a child is known to have been exposed to the disease he should be vaccinated against it. The use of vaccine, at the present time, for administration to all children, regardless of exposure is not advised. Those who are known to have been in contact with infectious cases should receive the vaccine. If it does not prevent an attack it can be expected, at least, that it will run a milder course.

Fortunately, older children do not suffer so severely from this disease as do the younger children. Of greatest importance, therefore, is the effort to postpone the age at which a child may contract the disease. By safeguarding the babies and younger children, worth while results can be obtained in staying the death dealing blows of this great destroyer. To permit any baby to contract whooping cough through negligence, should be a punishable offense.

Doctors say that a child who suffers from an attack of whooping cough should not be confined to the house. It is a real hardship and delays recovery if the patient is deprived of sunshine, fresh air and recreation. If he is permitted to go out-of-doors, however, it is important that he should not go to school, theater, church or any public gathering, and under no circumstances should he have contact with other children. Such patients should always be accompanied by an adult who will provide assurance that such regulations are effected.

It has been suggested that whooping cough patients who are permitted to go out-of-doors wear a brightly colored band on their arms, carry a yellow flag or have the words "whooping cough" displayed prominently upon their clothing. Such a suggestion, novel as it may appear, would be of considerable value in helping to check the spread of the disease.

Few of the talents that Heaven sows are ever brought to light.—Leon J. Richardson.

GOOD TEETH AND GOOD HEALTH

In order that the child may have good teeth the mother should be provided with proper foods both before and after the arrival of the child. Lime, phosphorus, calcium and other mineral salts are necessary for building the tooth structure. These salts are supplied in cow's milk, oranges, tomatoes, eggs, meat and pure fresh water. After the child becomes independent of the mother as a direct source of food supply he should be given plenty of cow's milk and later, fruit juices, vegetables and other foods rich in mineral salts. By the provision of these building materials much can be gained in the prevention of dental troubles in later life. During the first ten years it is specially important that such foods be given for the purpose of building sound teeth as well as a whole sound body.

Habits of mouth hygiene should be taught at an early age. A small size toothbrush should be provided as early as possible and the regular habit of brushing the teeth started. It is important that any cavity in the baby teeth be repaired by a dentist at once. If these early teeth are lost prematurely through neglect and decay the permanent teeth may come through in crowded or crooked positions. Their early loss might even affect the formation of the jaw and make necessary a long and expensive treatment for straightening of the teeth.

Proper brushing of the teeth helps to prevent decay, but the old saw that "a clean tooth never decays" is not true. If proper food has not been provided and if the tooth structure is faulty, decay may occur in spite of cleanliness. However, daily brushings, cleaning all areas, and mouth washing are helpful in the prevention of decay.

Visits to the dentist should be made at least twice a year. Deposits of tartar at the inner bases of the teeth and which can not be removed by brushing are removed by mechanical means. At this time the teeth are examined for small cavities and, if found, should be repaired without delay.

By exercising vigilance in this oral hygiene program, under ordinary circumstances, a sound set of teeth is developed. To be sure, if severe illness occurs, teeth may decay both during the illness and during convalescence. This is exceptional, however. At all events, the early habits of dental hygiene must be carried on through life. They help to maintain good teeth and prevent, to a certain extent, some infections of the mouth and throat.

Tooth decay is in reality a disease of civilization. The soft "civilized" foods are responsible, largely, for it. Men of primitive races and animals suffer little

from tooth decay. During childhood, adolescence, in pregnancy and old age tooth decay occurs frequently. It is most common between the ages of seven and twenty-five, however.

Among other factors that cause tooth decay are heredity, reactions of the saliva, bacteria in the mouth, general hygiene, and lack of tooth exercise, failure to eat hard foods that require chewing. These are of secondary importance, but they cause much decay. It must be remembered that the consumption of proper foods early in life and during the period of growth are of prime importance in the prevention of decay.

Tooth enamel is one of the hardest substances in nature. It acts as a protection to the softer material that makes up the structure of the tooth. When the enamel becomes broken, worn away or disintegrated the inner structure of the tooth decays rapidly unless repaired without delay.

After twenty-five years of age, teeth, as a rule, are less apt to decay. This is no reason for relaxing in the provision of daily dental hygiene. Throughout life, in fact, careful attention must be paid to mouth cleanliness in order to safeguard health. Sound teeth are essential in the maintenance of sound health and mothers of children can make no mistake in providing all of those factors that help to give the child teeth that will serve him well as long as life lasts.

THE CONTROL OF SYPHILIS

There is no knowledge relative to when or where syphilis originated. In the history of communicable diseases, as compared with leprosy, smallpox, tuberculosis, malaria and plague, syphilis is a new disease. Without doubt, it existed before the fifteenth century but there is no exact record for the period prior to 1493, when the disease became recognized. It is said that syphilis was brought to Europe by the crew of Columbus on his first voyage from the new world. Other historians claim that the disease was present in Europe long before this time. At all events, syphilis became epidemic in Italy following the entrance of Charles VIII of France, who invaded Italy for the conquest of Naples in 1494. The disease spread over Europe upon the scattering of the troops. The French called it the "Italian" disease and the Italians called it the "French" disease. Following this European flareup, syphilis spread to all parts of the civilized world and is at present almost everywhere. There seems to be no evidence that the disease is of American origin. It is more probable that it originated in Asia, where most of the important epidemic diseases had their source. Recent investigations into Chinese

literature would seem to support this theory and the antiquity of the Chinese civilization may be considered as a factor in providing further support.

MORBIDITY

Complete Reports for Following Diseases for Week Ending December 5, 1936

Chickenpox

516 cases: Alameda County 14, Alameda 1, Berkeley 3, Hayward 9, Oakland 23, Pleasanton 13, San Leandro 12, Butte County 1, Contra Costa County 15, Pittsburg 1, Fresno County 6, Fresno 2, Humboldt County 5, Kern County 3, Bakersfield 5, Kings County 2, Los Angeles County 72, Azusa 1, Claremont 1, El Monte 2, Glendale 2, Long Beach 22, Los Angeles 28, Monrovia 1, Pasadena 3, Pomona 1, San Fernando 2, San Marino 12, Sierra Madre 1, Whittier 1, Torrance 8, Chowchilla 2, Marin County 1, San Rafael 10, Mariposa County 2, Monterey 3, Orange County 2, Fullerton 1, Laguna Beach 1, Riverside County 4, Corona 3, Riverside 3, Sacramento County 4, Sacramento 15, Ontario 17, Redlands 2, San Diego County 11, Chula Vista 15, Escondido 4, San Diego 3, San Francisco 19, San Joaquin County 9, Stockton 1, San Luis Obispo County 9, San Mateo County 3, Burlingame 21, Daly City 7, San Mateo 1, Santa Barbara County 12, Santa Clara County 5, Mountain View 1, Palo Alto 4, San Jose 9, Watsonville 8, Shasta County 3, Healdsburg 1, Modesto 1, Tulare County 2, Dinuba 1, Ventura County 7, Fillmore 2, Winters 4, Woodland 10, Marysville 1.

Diphtheria

55 cases: Oakland 2, San Leandro 2, Imperial 1, Kings County 2, Los Angeles County 5, El Monte 1, Los Angeles 14, Pomona 1, South Pasadena 1, King City 1, Napa 1, Orange County 8, Brea 1, Sacramento 2, San Diego County 2, San Diego 3, San Francisco 2, San Luis Obispo County 1, Arroyo Grande 1, Santa Barbara County 1, Shasta County 1, Sutter County 1, Yuba County 1.

German Measles

15 cases: Alameda 1, Albany 1, Berkeley 3, Oakland 1, Glendale 1, Long Beach 1, Los Angeles 2, Santa Ana 1, North Sacramento 1, San Diego 1, Daly City 1, Tulare County 1.

Influenza

84 cases: Livermore 1, Oakland 2, Imperial County 1, Kern County 33, Los Angeles County 16, El Monte 6, Glendale 2, Los Angeles 15, Pomona 1, South Gate 1, Santa Ana 1, Riverside 1, San Bernardino County 1, San Joaquin County 1, Tulare County 1, Davis 1.

Malaria

One case: Santa Clara County.

Measles

30 cases: Berkeley 2, Oakland 2, Chico 1, Humboldt County 1, Alhambra 1, El Segundo 1, Los Angeles 8, Santa Monica 1, Sierra Madre 1, South Gate 1, La Habra 1, Redlands 1, San Diego County 1, Escondido 1, National City 1, San Diego 1, San Francisco 2, Burlingame 1, Tulare County 1, California 1.*

Mumps

626 cases: Alameda 9, Berkeley 11, Livermore 1, San Leandro 5, Butte County 16, Gridley 1, Oroville 13, Contra Costa County 1, Pittsburg 22, Richmond 6, Fresno County 23, Willows 44, Humboldt County 10, Eureka 14, Kern County 39, Los Angeles County 52, Alhambra 10, Beverly Hills 4, Burbank 12, Claremont 1, Compton 3, Culver City 1, Hermosa 4, Huntington Park 1, Long Beach 1, Los Angeles 50, Pasadena 18, San Gabriel 1, Santa Monica 2, South Pasadena 3, Vernon 1, Whittier 5, Lynwood 7, Hawthorne 1, South Gate 2, Monterey Park 1, Bell 5, San Rafael 1, Merced County 2, Monterey County 1, Orange County 2, Anaheim 1, Brea 17, Orange 2, Santa Ana 15, Laguna Beach 3, Placer County 8, Riverside County 16, Riverside 25, Sacramento 5, San Bernardino County 6, Chino 1, Colton 4, Ontario 1, San Bernardino 2, Upland 1, San Diego County 4, Coronado 8, National City 6, San Diego 37, San Francisco 13, Stockton 2, Burlingame 11, Santa Barbara County 1, Santa Barbara 5, Santa Clara County 2, San Jose 3, Solano County 1, Sutter County 1, Ventura County 9, Fillmore 2, Davis 6, Woodland 1, Marysville 1.

Pneumonia (Lobar)

68 cases: Berkeley 1, Oakland 2, Calaveras County 1, Fresno County 1, Los Angeles County 3, Burbank 1, Glendale 1, Los Angeles 30, Placentia 1, Sacramento County 1, Sacramento 2, San Diego County 1, San Diego 1, San Francisco 5, San Joaquin County 9, Manteca 1, Stockton 2, San Luis Obispo County 2, Paso Robles 1, Santa Clara County 1, San Jose 1.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Scarlet Fever

252 cases: Alameda County 4, Alameda 1, Albany 1, Berkeley 4, Oakland 3, San Leandro 1, Butte County 13, Chico 2, Gridley 2, Calaveras County 1, Antioch 2, Walnut Creek 2, Fresno County 4, Fresno 4, Kern County 7, Bakersfield 1, Kings County 1, Susanville 2, Los Angeles County 12, Alhambra 3, Arcadia 1, Azusa 1, Burbank 1, Compton 3, El Monte 1, El Segundo 1, Glendale 4, Huntington Park 1, Inglewood 1, La Verne 1, Long Beach 7, Los Angeles 27, Pasadena 2, Redondo 1, Santa Monica 3, Torrance 2, Hawthorne 1, South Gate 1, Monterey Park 1, Bell 1, Mill Valley 3, Mariposa County 1, Merced County 2, Napa County 2, Napa 4, Orange County 2, Fullerton 1, Santa Ana 1, Placentia 2, Placer County 3, Auburn 11, Lincoln 1, Riverside County 4, Riverside 1, Sacramento County 4, Sacramento 5, North Sacramento 2, San Diego County 1, La Mesa 1, National City 2, San Diego 1, San Francisco 18, San Joaquin County 7, Stockton 2, Tracy 1, San Mateo County 1, San Mateo 2, South San Francisco 2, Santa Clara County 4, San Jose 2, Sunnyvale 1, Santa Cruz County 2, Shasta County 2, Redding 1, Siskiyou County 3, Etna 1, Solano County 2, Vallejo 3, Stanislaus County 2, Tulare County 1, Tulare 1, Tuolumne County 2, Oxnard 1, Yolo County 5, Woodland 1.

Smallpox

9 cases: Los Angeles 1, Siskiyou County 7, California 1.*

Typhoid Fever

12 cases: Butte County 6, Chico 1, Fresno County 1, Long Beach 1, Pomona 1, San Francisco 2.

Whooping Cough

321 cases: Alameda County 1, Alameda 2, Albany 2, Berkeley 4, Hayward 1, Oakland 9, Butte County 6, Gridley 2, El Cerrito 3, Fresno County 8, Fresno 7, El Centro 2, Kern County 8, Los Angeles County 38, Alhambra 3, Beverly Hills 1, Culver City 1, Glendale 3, Long Beach 3, Los Angeles 45, Pasadena 6, Santa Monica 8, Sierra Madre 2, Whittier 4, Merced County 10, Orange County 2, Anaheim 2, Fullerton 1, Newport Beach 2, Santa Ana 1, Riverside County 15, Corona 3, Sacramento 2, San Bernardino 1, San Diego County 11, San Diego 6, San Francisco 19, San Joaquin County 7, Lodi 1, Stockton 5, San Luis Obispo County 8, Daly City 2, Santa Barbara County 2, Lompoc 1, Santa Barbara 11, Santa Maria 5, Santa Clara County 2, Modesto 4, Tulare County 2, Exeter 14, Ventura County 2, Yolo County 3, Woodland 6, Yuba County 1, Riverside 1.

Meningitis (Epidemic)

4 cases: Los Angeles 1, Sacramento County 1, Tehama County 1, Tuolumne County 1.

Dysentery (Amoebic)

2 cases: Santa Barbara County 1, Santa Maria 1.

Dysentery (Bacillary)

3 cases: San Fernando 1, Sacramento County 1, San Diego County 1.

Ophthalmia Neonatorum

One case: Monterey County.

Pellagra

One case: Los Angeles County.

Poliomyelitis

7 cases: Hermosa 1, Los Angeles 1, National City 2, San Joaquin County 1, San Carlos 1, Tulare County 1.

Trachoma

2 cases: Los Angeles 1, San Francisco 1.

Paratyphoid Fever

One case: Los Angeles.

Undulant Fever

2 cases: Brea 1, Ventura County 1.

Actinomycosis

One case: Stockton.

Coccidioidal Granuloma

One case: San Francisco.

Septic Sore Throat (Epimedic)

One case: Oakland.

Rabies (Animal)

26 cases: Los Angeles County 5, Alhambra 1, Long Beach 1, Los Angeles 5, Pasadena 3, Pomona 1, Torrance 1, San Bernardino 7, Watsonville 1, Visalia 1.

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